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121903

16569 U.S. PTO

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PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 03-100
First Inventor RAPHAEL SCHLANGER
Title VEHICLE WHEEL
Express Mail Label No. ER321883168 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 34]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 22]
5. Oath or Declaration [Total Sheets 2]
a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ Paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner:

Art Unit:

For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number: OR ☒ Correspondence address below

Name RAPHAEL SCHLANGER
Address 128 HULDA HILL ROAD
City WILTON State CT Zip Code 06897
Country U.S.A. Telephone 203-778-4711 Fax 203-798-8240
Name (Print/Type) RAPHAEL SCHLANGER Registration No. (Attorney/Agent) -----
Signature *Raphael Schlanger* Date 12/19/03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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19270 U.S. PTO
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Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL **for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **627**

Complete if Known

Application Number _____
 Filing Date _____
 First Named Inventor **RAPHAEL SCHLANGER**
 Examiner Name _____
 Art Unit _____
 Attorney Docket No. **03-100**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number _____
 Deposit Account Name _____

Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below ☐ Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee

is above-identified deposit account.

FEE CALCULATION

BASIC FILING FEE

Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
(\$)	Code (\$)	Code (\$)			
750	2001	375		Utility filing fee	375
330	2002	165		Design filing fee	
520	2003	260		Plant filing fee	
750	2004	375		Reissue filing fee	
160	2005	80		Provisional filing fee	

SUBTOTAL (1) (\$) **375.00**

EXTRA CLAIM FEES FOR UTILITY AND REISSUE

1 Claims **48** Extra Claims **28** Fee from below **9** Fee Paid **252.00**
 1 Independent **1** **3**** **-** **-** **-** **-**
 1 Multiple Dependent **-** **-** **-** **-** **-** **-**

Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
(\$)	Code (\$)	Code (\$)			
18	2202	9		Claims in excess of 20	
84	2201	42		Independent claims in excess of 3	
260	2203	140		Multiple dependent claim, if not paid	
64	2204	42		** Reissue independent claims over original patent	
18	2205	9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) **627.00**

Number previously paid, if greater; For Reissues, see above

ATTACHED BY

(Print/Type) **RAPHAEL SCHLANGER**

Signature *Raphael Schlinger*

Registration No. _____
 (Attorney/Agent)

(Complete if applicable)

Telephone **203-778-4711**

Date **12/19/03**

SUBTOTAL (3) (\$) **627.00**

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

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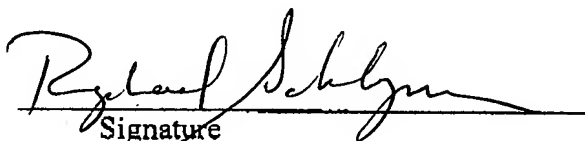
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On 12/19/03
Date


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RAPHAEL SCHLANGER
Typed or printed name of person signing Certificate

Express Mail Label ER321883168US

Docket No. 03-100
New Application:
Drawings: 22 sheets
Declaration: (1)
Check: \$627.00